

Office Use Only:

Date Rec'd:

Reg: Y / N

Year:.....

Code:.....

CASE No:

STEM Summer School Bursary

Closing Date: 19th June 2020



Complete and return with **all** supporting documents to financial-support@strath.ac.uk.

PERSONAL DETAILS			
Title:	First Name:	Surname:	
Applicant Number:	Date of Birth:	Nationality:	Marital Status:
Are you a Care Experienced Student? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you a Carer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Email Address:			
Address:			
Telephone/Mobile Number:			
Course Applied For:			
Name and Address of Secondary School attended:			

FUNDING

Have you applied for SAAS funding for 2020/21? Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, please provide a copy of your award notice.

INCOME AND EXPENDITURE

What annual income bracket does your household fall into? (Parents' income or your husband's, wife's, civil partner's or partner's gross income or taxable profit (if self-employed))

Gross Household Income per year	
£0 - £18,999	
£19,000 - £23,999	
£24,000 - £33,999	

Expenditure costs for duration of Summer School

Accommodation to attend Summer School ¹	£
Travel to/from University	£

¹The bursary will pay for up to 6 weeks in University accommodation or up to the same amount (£822) towards the cost to rent none university accommodation near the University

SUPPORTING EVIDENCE

Applicants must provide:

- Funding letter showing your arrangements to pay tuition fees and living costs in 2020/21, if available;
- Evidence of Care Experience (see Annex A);
- If you are a Carer, you will be required to provide a form of evidence (please see the University's [Student Carers Policy](http://www.strath.ac.uk/media/ps/sees/wideningaccess/FINAL-Approved_Student_Carers_Policy_v1.1.pdf) www.strath.ac.uk/media/ps/sees/wideningaccess/FINAL-Approved_Student_Carers_Policy_v1.1.pdf)

Please provide photocopies of supporting evidence as originals will not be returned

DECLARATION

- I certify that I have read and understood the form and the information I have given is true and accurate. I understand that giving false information will automatically disqualify my application and may also lead to disciplinary procedures.
- I confirm that I am a fully registered student.
- I have provided all the required supporting evidence.
- I will inform the Student Financial Support Team of **any change of circumstances affecting this application.**

Tick to confirm you agree to this declaration:

I understand and agree to the following:

- The University reserves the right to check all information supplied with application forms.
- All documents I submit with this application will be retained with my application form for auditing purposes.
- You will not pass my information to anyone outside the Student Financial Support Team without my consent except:
 - relevant staff administering the bursary and the bursary panel;
 - where checks are needed to verify the accuracy of information I have provided;
 - when the Student Financial Support Team is required to do so by a University regulation or other legal requirement;
 - when the Student Financial Support Team need to provide a report to the Charitable Trusts on how their donations have been spent.
- I agree to abide by the conditions of any award made.
- All communication will be sent to my University email address

Tick to confirm you understand and agree to the above:

Signature: _____

Date: _____

ANNEX A

Evidence of Care Experience

Please complete sections A and B yourself and ask a professional person to fill in parts C and D of the form.

A professional person can be someone from the local authority by whom you were looked after, social worker, doctor, nurse, lawyer, solicitor, teacher, nursery teacher, notary public, counsellor, police officer, minister of religion or family mediation worker. If you are unable to provide confirmation from a professional person, please tell us why in Section B.

Section A – Care Experience details

Types of care experience – please tick all that apply

- | | | | |
|-----------------------------------|--------------------------|---|--------------------------|
| Foster care | <input type="checkbox"/> | Kinship care (arranged by Local Authority) | <input type="checkbox"/> |
| Residential care | <input type="checkbox"/> | Kinship care (no Local Authority involvement) | <input type="checkbox"/> |
| Other – please give details below | <input type="checkbox"/> | Looked after at home | <input type="checkbox"/> |

Further details:

Your age when your first period of care started:

Your age when your last period of care ended

Have you provided confirmation of your care experience from a professional person in Section D?

Yes No

If 'no', please briefly explain why

Section B – student declaration

To the best of my knowledge and belief, the details I have given on this form are full and accurate.

Print name: _____

Signature: _____ Date: _____

Section C – this section must be filled in by a professional person

By completing and signing this form, I am confirming that I know the student named above and that the information in Section B is correct

Full name	
Occupation	
Name of employer	
Address of employer	
Phone number of employer	

Section D – Declaration – this section must be filled in by a professional person

To the best of my knowledge and belief, the details provided by the student in Sections A and B and the information I have provided in Section D on this form are full and accurate.

Signature: _____ Date: _____



Bank Account Form

If the University already holds your bank details, there is no need to complete this form unless your bank account details have changed.

Please tick here if your bank details have already been provided:

STEM SUMMER SCHOOL BURSARY

Personal Details

Name:	Registration Number:
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Bank/Building Society Details

Account Holder Name:	Bank Name:
Sort Code:	Account Number:

Student Declaration

Signature:	Date:
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